PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: Mia Coe Date of Birth: 09/30/13 Gender: Girls

Address: 552 Terrace Ct City: Canton State: MI Zip: 48188

EMERGENCY INFORMATION

Father's Name: David Coe Home Phone: 269-760-3860 Work Phone: 269-760-3860

Mother's Name: Kristin Coe Home Phone: 517-719-7573 Work Phone: 517-719-7573

In an emergency, when parents cannot be reached, please contact:

Name: Denise Tindle Home Phone: 860-389-6290 Work Phone: 860-389-6290

Name: Leanne Cole Home Phone: 269-275-4214 Work Phone: 269-275-4214

Allergies: Amoxicillin

Other Medical Conditions: N/A

Player's Physician: Dr. Langlois Home Phone: 734-844-5400 Work Phone: 734-844-5400

Medical and/or Hospital Insurance Company: BCBS Phone: 800-676-1411

Policy Holder: David Coe Policy #: MSJ 600201440 04 Group #: _____

MSYSA Does NOT require a copy of the health insurance card

~~**PLEASE COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD AND ATTACH TO THIS FORM**~~

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Kristin A. Coe ☑ I understand that checking this box constitutes a legal signature — 08/03/23

Signature of Parent/Guardian — Date